

**Child's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_ **Medicaid ID Number** \_\_\_\_\_

**Attending visit:** Parent Foster Parent Tracker Other: **Caseworker Name** \_\_\_\_\_

**Select Visit Type:** WCC Sick Visit Dental/Ortho Mental Health/Therapy Med Mgmt. Other: \_\_\_\_\_

**PLEASE PRINT**

**Ht.** \_\_\_\_\_ **Wt.** \_\_\_\_\_ **BMI** \_\_\_\_\_ **OFC** \_\_\_\_\_ %

**T** \_\_\_\_\_ **B/P** \_\_\_\_\_ / \_\_\_\_\_ **P** \_\_\_\_\_ **RR** \_\_\_\_\_

**Vision Screen:** **OD** 20/ **OS** 20/ **OU** 20/

**Lab tests:** Hgb/Hct UA HCG STI PPD Other:

**Results:**

**Pertinent Past History:**

**Allergies:** NKMA PCN Sulfa Other: \_\_\_\_\_

**Review of Systems/ Physical Exam**

**CIRCLE:** **N** - Normal **D** - Deferred **A** - Abnormal (describe if abnormal)

**Growth/Dev:** N D A \_\_\_\_\_

**Head:** N D A \_\_\_\_\_

**Eyes:** N D A \_\_\_\_\_

**Ears:** N D A \_\_\_\_\_

**Nose:** N D A \_\_\_\_\_

**Throat:** N D A \_\_\_\_\_

**Pulmonary:** N D A \_\_\_\_\_

**Cardiac:** N D A \_\_\_\_\_

**G.I.:** N D A \_\_\_\_\_

**G.U.:** N D A \_\_\_\_\_

**Pelvic:** N D A \_\_\_\_\_

**Musculo/Skeletal:** N D A \_\_\_\_\_

**Skin:** N D A \_\_\_\_\_

**Immunizations Given:** Hep B Hep A MMR MMRV Varicella

Tdap DTap Td HPV Menactra PCV RGE Prevnar IPV HIB Flu

Other: \_\_\_\_\_

**Diagnosis:**

**Plan: (Include Medications)**

**Treatments:**

**Follow-up/Referrals:**

(Next available appointment will be scheduled unless noted it is urgent.)

**Next Appointment: PRN Routine**

**Needs follow-up** \_\_\_\_\_

Date scheduled

Did you have enough information for the care of this child YES NO

**Medical Provider Name & Facility** \_\_\_\_\_

PLEASE PRINT

**NPI #** \_\_\_\_\_ **Office Phone Number** \_\_\_\_\_

Health Provider Signature \_\_\_\_\_ Date \_\_\_\_\_